

City of Los Angeles  
Request for Waiver  
Workers' Compensation Insurance Requirement

**Business**

Legal Name: WESTCHESTER BUSINESS IMPROVEMENT ASSOCIATION

Address: 8929 S. SEPULVEDA #130  
WESTCHESTER, CA 90045

Legal Form    ☐ Sole Proprietor    ☐ Limited Partnership    ☐ General Partnership    ☒ Corporation  
                  ☐ Business Trust    ☐ Limited Liability Company    ☐ Other: \_\_\_\_\_

Contact Person (Name and Telephone): DONALD DUCKWORTH, Exe. Dir.

**City Reference**

City Agency CITY CLERK    Contact Name/Telephone ALIK SCOTT  
213-978-1121

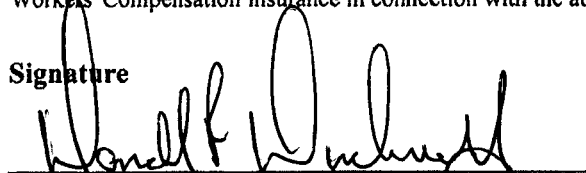
Document Reference: C112337    Any work performed on City Premises?    ☐ Yes    ☒ No  
(bid, contract, job no., location, etc.)

Nature of work to be performed for City: BID ADMINISTRATION

**Declaration:**

With respect to the above-mentioned business, I hereby warrant that the business has no employees other than the owners, officers, directors, partners or other principals who have elected to be exempt from Worker's Compensation coverage in accordance with California law. I further warrant that I understand the requirements of Section 3700 et seq. of the California Labor Code with respect to providing Worker's Compensation coverage for any employees of the above mentioned business. I agree to comply with the code requirements and all other applicable laws and regulations regarding workers compensation, payroll taxes, FICA and tax withholding and similar employment issues. I further agree to hold the City of Los Angeles harmless from loss or liability which may arise from the failure of the above-mentioned business to comply with any such laws or regulations. I therefore request that the City of Los Angeles waive its requirement for evidence of Workers' Compensation insurance in connection with the above-referenced work.

**Signature**

  
Owner, Officer, Director, Partnership or other Principal

**Risk Management Approval:**

EXE. DIRECTOR

Title

1.29.13

Date